

<i>SERFF Tracking Number:</i>	<i>RNIC-125802779</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>40163</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H15I Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H15I.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>CHS-99 Individual Scheduled Benefit Hospital and Surgical Expense Policy</i>		
<i>Project Name/Number:</i>	<i>CHS-99 Rate Increase/</i>		

## Filing at a Glance

Company: Reserve National Insurance Company

Product Name: CHS-99 Individual Scheduled Benefit Hospital and Surgical Expense Policy  
 SERFF Tr Num: RNIC-125802779 State: ArkansasLH

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense  
 SERFF Status: Closed State Tr Num: 40163

Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense  
 Co Tr Num: State Status: Approved-Closed

Filing Type: Rate  
 Co Status: Reviewer(s): Rosalind Minor  
 Authors: Kyle Conrad, Brenda Ingram  
 Disposition Date: 09/08/2008  
 Date Submitted: 09/04/2008 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: CHS-99 Rate Increase  
 Project Number:  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact: 20%  
 Filing Status Changed: 09/08/2008  
 State Status Changed: 09/08/2008  
 Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:

Deemer Date:

Filing Description:

Ms. Rosalind D. Minor

Certified Rate and Form Analyst

Life and Health Division

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, AR 72201-1904

Dear Ms Minor:

The proposed premiums represent an increase of 20.0% over the present rates on file with your office. This premium rate increase is necessary due to our deteriorating experience as a result of greater than expected incidence of use and higher than expected claims costs.

If this filing is acceptable, please provide us with evidence of approval or filing by your office.

Thank you for your consideration in this matter. Please direct all inquires concerning this filing to the undersigned by mail at the above address, by fax at (405) 840-3426, by telephone at (800) 874-1431 or by e-mail at [kconrad@unitrin.com](mailto:kconrad@unitrin.com).

Sincerely,

Kyle D. Conrad  
Senior Vice President  
and Associate Corporate Counsel

SERFF Tracking Number: RNIC-125802779 State: Arkansas

Filing Company: Reserve National Insurance Company State Tracking Number: 40163

Company Tracking Number:

TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense

Product Name: CHS-99 Individual Scheduled Benefit Hospital and Surgical Expense Policy

Project Name/Number: CHS-99 Rate Increase/

## Company and Contact

### Filing Contact Information

Kyle Conrad, Vice President & Associate kconrad@unitrin.com  
Corporate Counsel  
6100 N. W. Grand Blvd (800) 874-1431 [Phone]  
Oklahoma City, OK 73118

### Filing Company Information

Reserve National Insurance Company CoCode: 68462 State of Domicile: Oklahoma  
6100 N.W. Grand Boulevard Group Code: 215 Company Type: Life and Health  
Oklahoma City, OK 73118 Group Name: Reserve National State ID Number:  
(405) 848-7931 ext. 549[Phone] FEIN Number: 73-0661453  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Rate Filing = \$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$50.00	09/04/2008	22278775

SERFF Tracking Number:	RNIC-125802779	State:	Arkansas
Filing Company:	Reserve National Insurance Company	State Tracking Number:	40163
Company Tracking Number:			
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	CHS-99 Individual Scheduled Benefit Hospital and Surgical Expense Policy		
Project Name/Number:	CHS-99 Rate Increase/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/08/2008	09/08/2008

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## Disposition

Disposition Date: 09/08/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved a 20% level rate increase on the above policy form. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Exhibits	Approved-Closed	No
<b>Rate</b>	CHS Rates	Approved-Closed	Yes